

**RIO HONDO COLLEGE  
FINANCIAL AID OFFICE**

**Student Name, Address Change Form**

\_\_\_\_\_  
**STUDENT NAME**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
**RIO HONDO STUDENT ID NUMBER**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**CITY, STATE, ZIP CODE**

\_\_\_\_\_  
**EMAIL ADDRESS**

\_\_\_\_\_  
**TELEPHONE NUMBER**

**ARE YOU A WORK STUDY STUDENT?**

**YES** \_\_\_\_\_

**NO** \_\_\_\_\_